DOCUMENT RESUME

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TITLE	It's Happening Now...In a Project That Knows People Are Important.
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ABSTRACT

The Health Education Through Parent Participation project serves selected elementary schools primarily from the central city complex of Tucson, Arizona. Its principal goals are to implement a curriculum model that a) assesses the immediate and most pertinent health needs and interests of the school community; b) jointly involves parents, students, and teachers as participants in the decision-making process concerning health education; and c) develops an emerging health education curriculum that is most relevant to classroom participants. (Author/JB)

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IT'S HAPPENING NOW . . .

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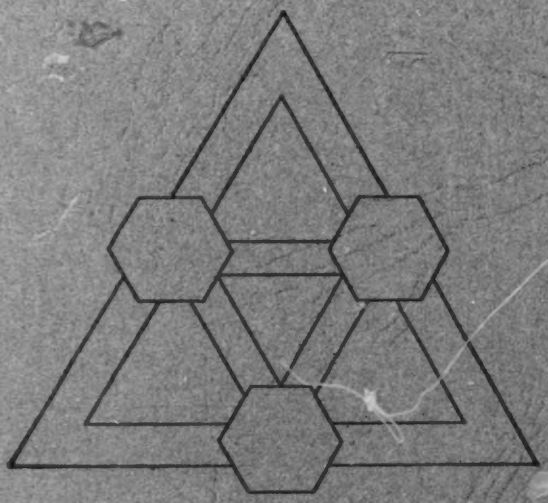
IN A PROJECT

THAT KNOWS PEOPLE



ARE IMPORTANT

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The Health Education Through Parent Participation Project has been funded through Title III, E.S.E.A., and approved for a three year period, 1969-1972. The Project serves selected elementary schools primarily from the central city complex of Tucson, Arizona. The principal goals have been to implement a curriculum model which:

(1) Assesses the immediate and most pertinent health needs and interests of the school community;

(2) Jointly involves parents, students, and teachers as participants in the decision making process concerning health education;

(3) Develops an emerging health education curriculum that is most relevant to classroom participants.

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I T ' S H A P P E N I N G N O W . . .

H E A L T H E D U C A T I O N

P A R E N T P A R T I C I P A T I O N

WHERE PEOPLE (parents, students, and teachers) . . .

Health Education Through Parent Participation is an on-going Title III Project in Tucson District Number One. The funding of this innovative program concerns health education programs which are relevant to parents, pupils and educators. Projects were designed to further communication and involvement between the school and the community. The physical areas served during the year 1970-71 consisted of the Safford Junior High School complex and five feeder elementary schools: Borton, Carrillo, Drachman, Ochoa and Safford Elementary. The population is generally defined as multi-lingual, multi-ethnic and economically disadvantaged. During 1970-71 the Project had directly involved approximately 450 school children, and indirectly the remaining portion of approximately 2,000 students in the target area.

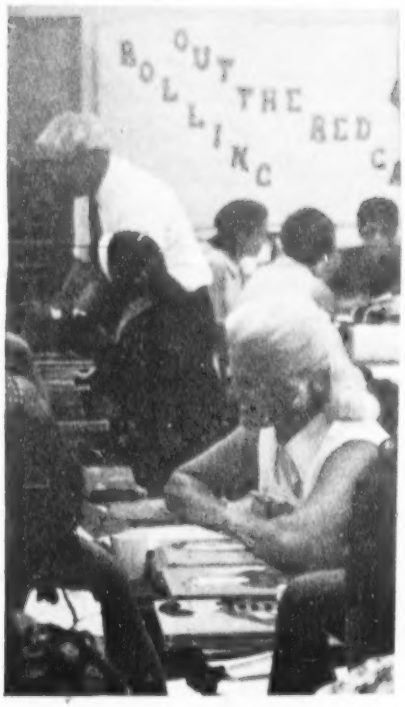
The Project is at this time beginning a final year of operation. During the first year parent and student surveys were conducted to ascertain attitudes relating to health needs in the school attendance areas. The second year was employed implementing health program preferences in the classroom. The established topical health priorities were expressed through the development and implementation of the following curricular concerns: (1) Food and Nutrition, (2) Cleanliness and Grooming, (3) Accident Prevention and First Aid, (4) Alcohol, Drugs, Narcotics, and Tobacco, (5) Mental Health and Personal Development, (6) Family Life, and (7) Growth and Development.

CONTRIBUTE COOPERATIVELY TO DEVELOP A RELEVANT HEALTH CURRICULUM . . .

WHERE THE IMMEDIATE INTERESTS AND NEEDS OF THOSE INVOLVED ARE BEING SERVED.

IT'S HAPPENING NOW . . .

THROUGH PARTICIPATION . . .



WHERE PARENTS, STUDENTS, AND TEACHERS ARE INVITED

TO SHARE AND EXPLORE IDEAS . . .

Two or three teachers in each school were involved and committed to the Project. Each teacher received one half day per week released time to cooperatively plan with parent groups the development of health education curricula for a particular class. Additionally, parents were employed in each school attendance area as paid school community aides to work with teachers, contact parents and arrange or coordinate meetings which were of immediate concern to the health programs.

WHERE MUTUALLY EXPRESSED OBJECTIVES DETERMINE

THE HEALTH CURRICULUM . . .

The evidence gathered during 1970-71 suggested alternatives for project programs in the ensuing year. These plans related to a more intensive implementation of the health curriculum development and parent involvement techniques. Two elementary school attendance areas were chosen; Carrillo, from within the central city complex representing a multi-ethnic and multi-lingual population, and Brichta, representing distinctly different demographic variables outside the central city complex. The basis for selecting and focusing upon these markedly different attendance areas concerned the need for gathering data from divergent populations to compare the curriculum products and the roles of paid and volunteer school community health aides.

During 1971-72, the Project involved teachers from each grade level in both target schools and included the principals, nurses, and librarians as supportive personnel. Paid released time was provided for all teachers involved in the Project regardless of the attendance area represented. School-community aides were employed to serve the attendance area within the central city complex. The school-community aides working in the area outside the central city complex served on a volunteer basis.

WHERE HEALTH PROGRAMS ARE RESPONSIVE

The Project commitment to intensively involve personnel within each school sought to answer the following questions:

(1) What will be the community reaction?

(2) What innovations will be necessary to implement a massive attack on outmoded or non-existent health education curriculum?

(3) How will the ultimate curriculum product differ from the fragmented parts now in existence?

(4) What will be the impact of volunteer work upon previously supported areas of this program?

(5) What will be the affect of a total involvement in health education upon other curriculum areas?

TO THE SCHOOL AND COMMUNITY BEING SERVED.

The commitment of parents to active participation in the educational process is a principal innovation of this Project. Attempts to achieve this ideal have been realized through the implementation of a health curriculum during the course of this endeavor. The results of this involvement have seen parents, students, and teachers mutually cooperate to determine educational needs.

A primary educational contribution of the Project concerns the development of a curriculum unit task model. This is a process which provides a decision-making sequence for the development of curriculum units based on parent-student needs relating to educational preferences. Parents and teachers acquire a basic knowledge of health education content to be included in specific teaching units through participation in health mini-course activities supported by the Project. Participation in Project activities indicates that parents, students, and teachers can solve evolving issues cooperatively.

The continued involvement of participants in cooperative decision making has produced a health program which is responsive to the immediate needs of the community being served. An implied result of this participation has found additional support for other current educational activities and programs. Group participation of parents, students and teachers is a factor contributing to the supportive climate within the school. Thus, there is a continuing need to more fully explore the contributions of the curriculum building and parent involvement techniques developed by the Project for other decision making activities.

The goals and objectives of the HETPP project have been consistent with recognized evaluation procedures and will continue to be so. The two external audits have shown the Project to be exemplary. Currently the Project staff is looking beyond the final limits of Title III funding to explore and seek additional resources to continue the Project beyond 1972.

IT'S HAPPENING NOW . . .

IN A PROJECT

THAT KNOWS

PEOPLE ARE IMPORTANT . . .

WHERE THEIR INVOLVEMENT

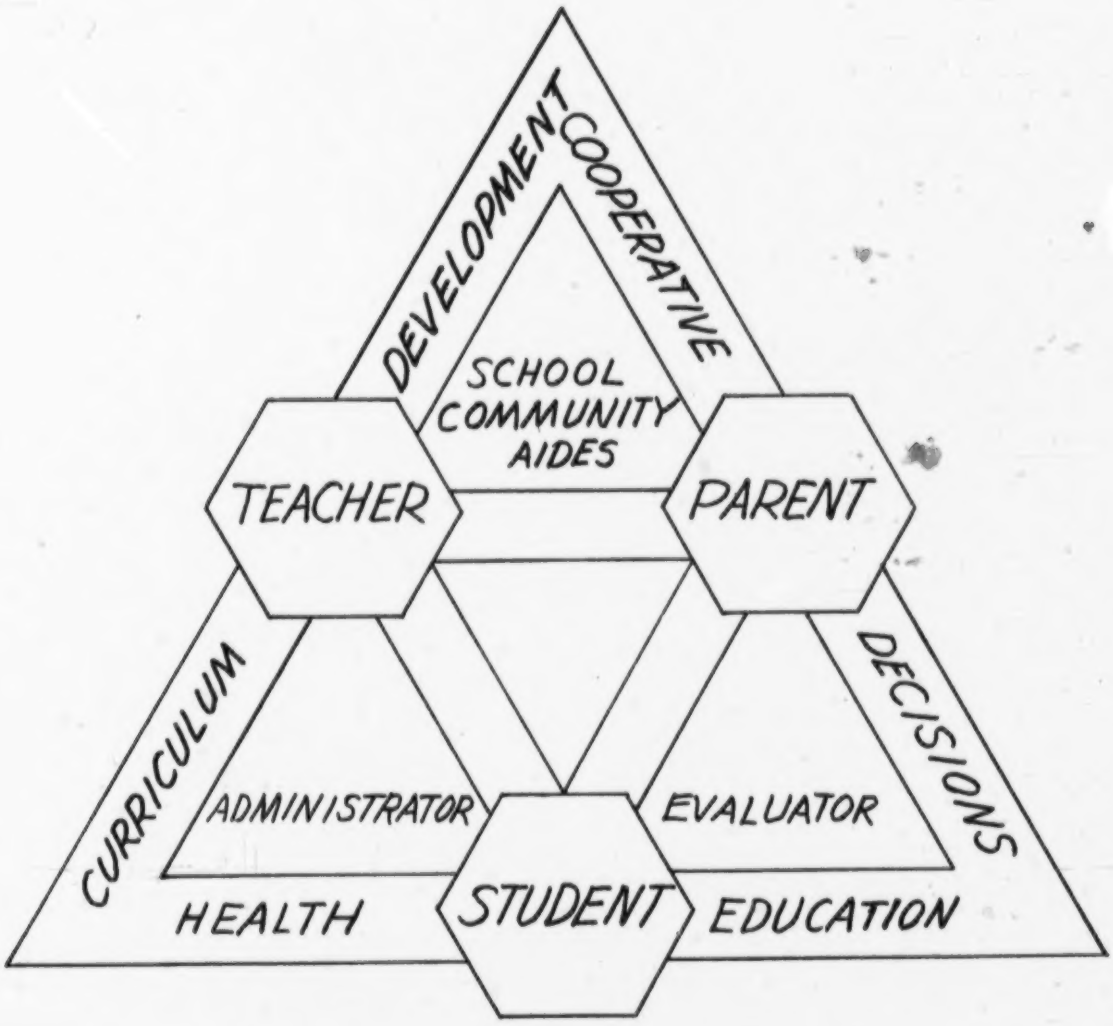
IN DECISION MAKING

REFLECTS THE HEALTH PROGRAM PREFERENCES OF

THE SCHOOL COMMUNITY . . .

WHERE INVOLVEMENT RESULTS IN CURRICULAR DECISIONS

WHICH ARE IMPLEMENTED IN THE CLASSROOM.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SCHOOL
COMMUNITY
AIDES
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EVALUATOR
HEALTH
STUDENT
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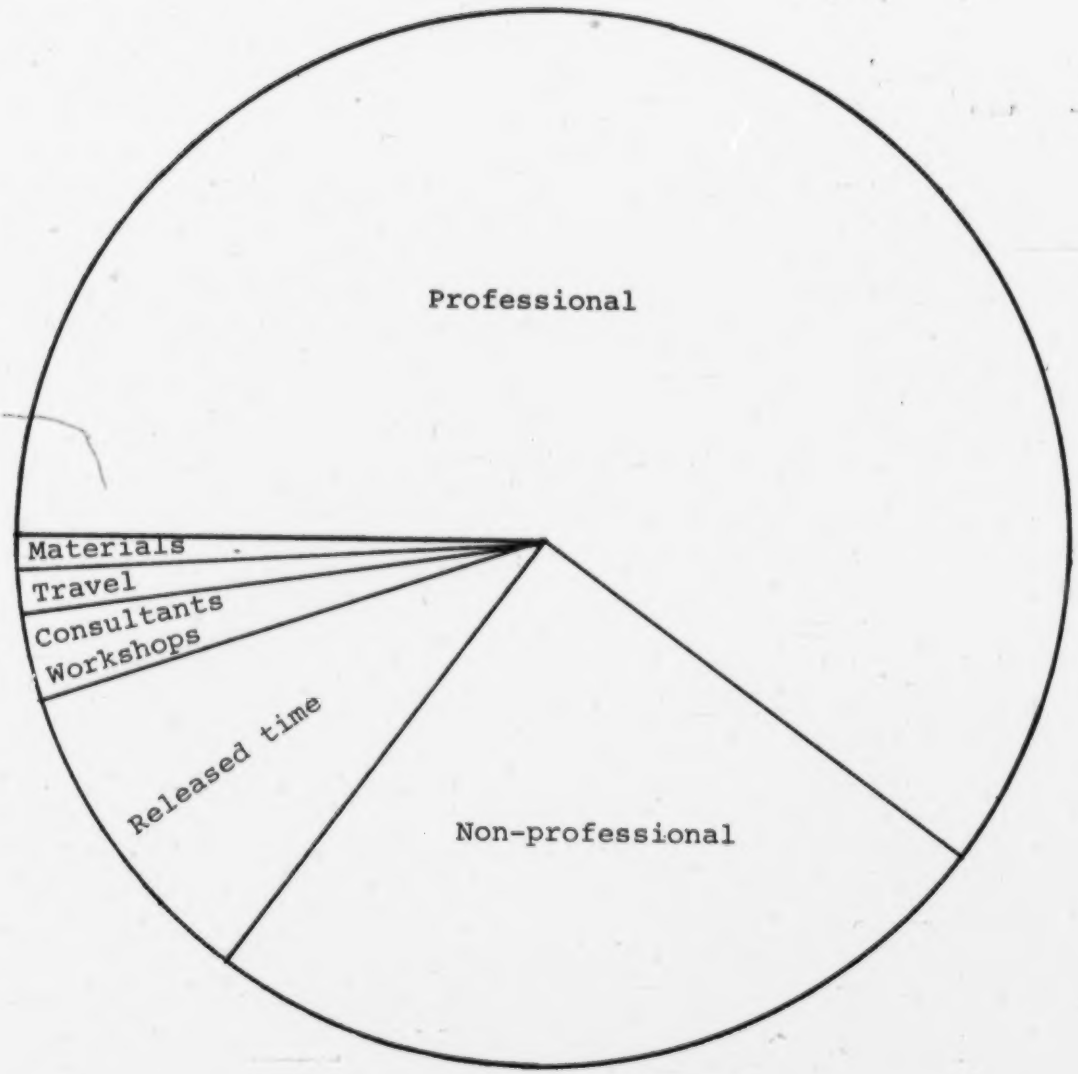
INSTRUCTIONAL EXPENDITURES
FOR HEALTH PROJECT



Health Education Through Parent Participation
funded under Title III, ESEA, granted to Tucson
Public Schools, District One, Tucson, Arizona

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HEALTH EDUCATION THROUGH PARENT PARTICIPATION, Title III, ESEA

The Health Education Through Parent Participation Project is an attempt to provide a base for the development of functional health education programs while involving parents in projects designed to further communication between the school and the community. The project directly involves approximately 750 school children, and indirectly the remaining portion of approximately 2,500 students in the school attendance area.

The project is at this time beginning a third and final year as a project financed by E.S.E.A. Title III funds. The first year's effort was a survey to attempt to ascertain attitudes and needs in health and related fields. The second year was spent implementing the health program in the classrooms of Safford Junior High School and it's five elementary schools; Borton, Carrillo, Drachman, Ochoa and Safford. Two or three teachers in each school were intimately involved and committed to the project. Each teacher received one half day per week released time to cooperatively plan with parent and student groups for the development of health education curricula. An integral part of the project has been the use of the neighborhood residents, employed as a community-school liaison to work with teachers, contact parents and arrange or coordinate meetings. Of equal importance has been an attempt to establish a "parent room" in each participating school.

Evidence gathered during 1970-71 suggested alternatives for project programs in the third year. These plans related to a more intensive teacher involvement in specific schools for a highly concentrated health education effort. Two elementary school attendance areas were chosen; Carrillo Elementary, from within the central city complex representing a multi-ethnic and multi-lingual population; and Brichta Elementary, representing a suburban area. This year the project involves teachers from each grade level in both target schools. Involvement with Safford Junior High and Cathedral Parochial School has been maintained.

The need for data gathered from a concentrated effort which focuses upon building a relevant health education curriculum concerns the following questions: (1) What will be the community reaction; (2) What innovations will be necessary to implement a massive attack on outmoded or non-existant health education curriculum; (3) How will the ultimate curriculum product differ from the fragmented parts now in existance; (4) What will be the affect of a total involvement in health education upon other curriculum areas; and (5) The impact of volunteer work upon previously support areas of this program?

By having parents and students meet with teachers, it is intended that health education programs fit their immediate needs. Short courses (mini-courses) in the health areas for parents-teachers-students are currently being conducted to better equip parents to actively participate in curricular decisions affecting their children.

Curricular Unit Model

Phase I	Phase II	Phase III	Phase IV
Identify community health education needs	Cooperatively select health content and conduct health mini-courses (3 to 5 Weeks)	Involve parents, students, teachers and resource people to develop the curricular unit (2 to 5 weeks)	Implement curricular unit in the classroom (2 to 5 weeks)

Health Education through Parent Participation, funded under Title III, ESEA, grant to Tucson Public Schools, District One, 1010 East Tenth Street, Tucson, Arizona 85719.

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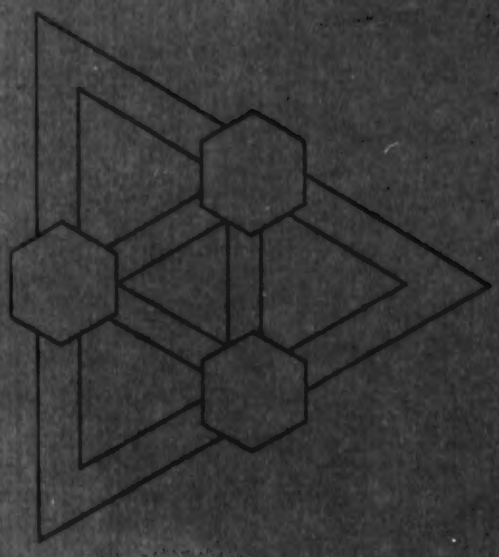

HEALTH EDUCATION

PARENT PARTICIPATION

TITLE III, ESEA

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